

GAD-7

Identifier

Date

Please read each statement and record a number 0, 1, 2 or 3 which indicates how much the statement applied to you over the past two weeks. There are no right or wrong answers. Do not spend too much time on any one statement. This assessment is not intended to be a diagnosis. If you are concerned about your results in any way, please speak with a qualified health professional.

0 = Not at all 1 = Several days 2 = More than half the days 3 = Nearly every day

1 Feeling nervous, anxious or on edge

2 Not being able to stop or control worrying

3 Worrying too much about different things

4 Trouble relaxing

5 Being so restless that it is hard to sit still

6 Becoming easily annoyed or irritable

7 Feeling afraid as if something awful might happen

Total GAD-7 score =

Privacy - please note - this form neither saves nor transmits any information about you or your assessment scores. If you wish to keep your results you will need to print this document. These results are intended as a guide to your health and are presented for educational purposes only. They are not intended to be a clinical diagnosis. If you are concerned in any way about your health, please consult with a qualified health professional.